

# Rehabilitation Literature

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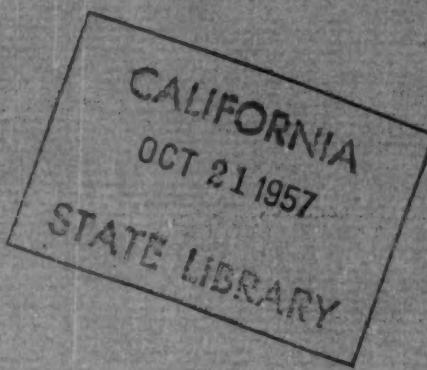
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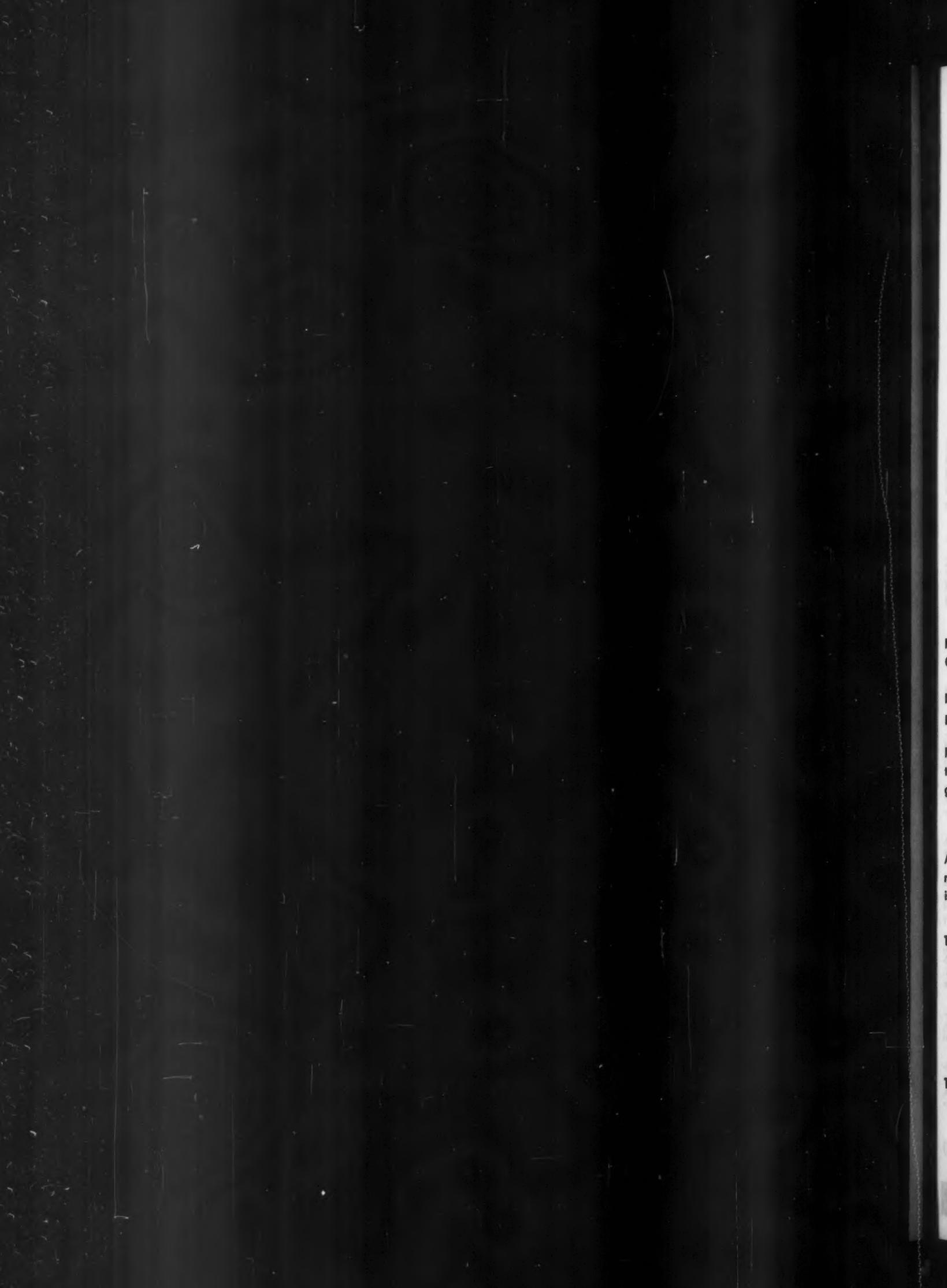
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REHABILITATION LITERATURE is compiled for use primarily by physicians, occupational, physical and speech and hearing therapists, nurses, welfare workers and administrators, school administrators and teachers of exceptional children, psychologists, vocational counselors and employment personnel, and for students entering these professions.

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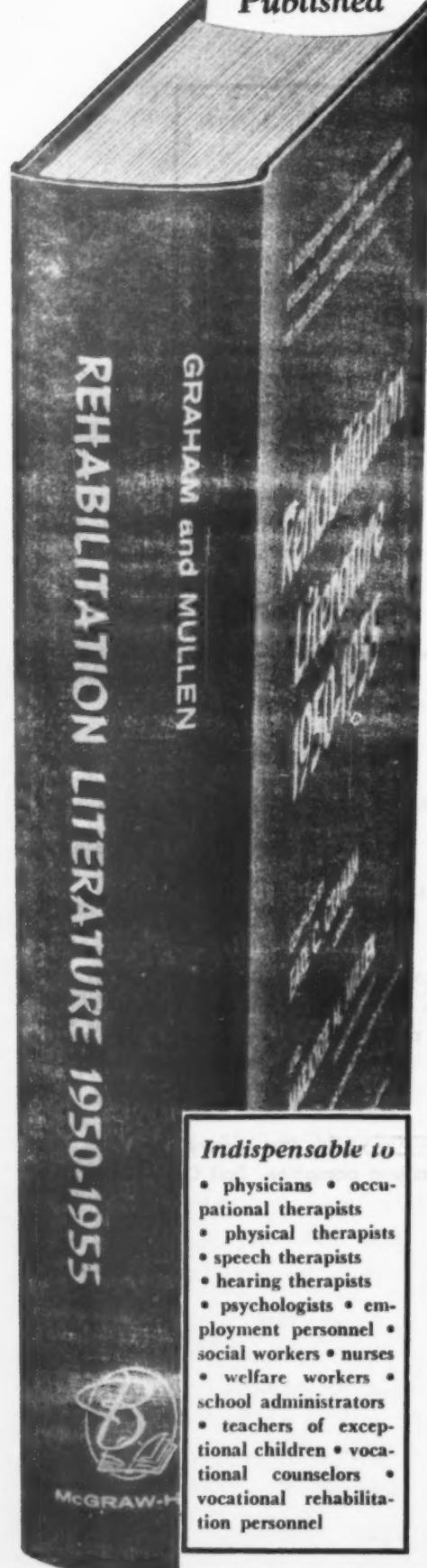
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Published



Presenting in one alphabetical listing by subject, the references published from January 1950 through December 1955—

# Rehabilitation Literature 1950-1955

by EARL C. GRAHAM, Librarian

and MARJORIE M. MULLEN, Assistant Librarian

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HERE, in one all-inclusive, new rehabilitation bibliography, two skilled librarians index and annotate 5,214 periodical articles, pamphlets, and books relating to the medical care, education, employment, welfare, and psychology of handicapped children and adults. Included in one alphabetical listing by subject, are the references published in the six-year period from January, 1950, through December, 1955.

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REHABILITATION LITERATURE 1950-1955, 621 pages, 7 x 10, author and subject index, \$13.00

THE BLAKISTON DIVISION, McGRAW-HILL BOOK COMPANY, Inc., 330 W. 42 St., N.Y. 36, N.Y.

The monthly issues of this abstracting bulletin serve as a supplement to the reference book Rehabilitation Literature 1950-1955, compiled by Graham and Mullen, and published in 1956 by McGraw-Hill, New York.

#### ACCIDENTS--STATISTICS

1137. Smid, Arthur C. (Mayo Foundation, Rochester 1, Minn.)

Accidents of children, by Arthur C. Smid and George B. Logan. Crippled Child. Aug., 1957. 35:2:13-15.

A report of a study of the causes of accidents in children under the age of 15, treated at hospitals located in Rochester, Minn. A comparison was made of those accidents occurring in urban and rural areas and statistics are given on site where accident occurred, types of accidents, percentage of permanent disability, duration of hospital stay and disability, and morbidity data. The study emphasizes the need for greater preventive measures and programs of safety education. Based upon an article by the same authors that appeared in Minn. Med., June, 1956 (see Rehabilitation Literature, January 1957, #1.)

#### ACCIDENTS (INDUSTRIAL)

1138. Paviere, H. D.

The triumph of mechanization and the hope of automation to come. Rehabilitation. Summer, 1957. 22:14-20, 24.

The author, as chief medical officer for the Ford Motor Company plant at Dagenham, England, offers statistics on the rehabilitation of nearly 3,000 employees during the years 1954-1956 to illustrate how mechanization has aided in the rehabilitation process. With the increase of automation he visualizes its possibilities in extending employment and rehabilitation of employees temporarily or permanently partially disabled through injury or sickness. Data cover types of industrial activities in the plant's various sections, average number of risks, classification of illness or accident due to work, and an analysis of employees rehabilitated. Automation could eliminate a majority of traumatic injuries and provide employment for disabled workers previously unacceptable because of the extent of their handicap.

#### AMERICAN OCCUPATIONAL THERAPY ASSOCIATION--PROCEEDINGS

1139. American Occupational Therapy Association

Digest of speeches from the... Conference, September 29 to October 5 (1956); General theme: Time for reflection. Am. J. Occupational Ther. July-Aug., 1957. 11:4(Pt. II):213-265.

Contents: Keynote address: New horizons in rehabilitation, Orville L. Freeman. -(Session on Psychiatry) Regressive shock therapy, Bernard C. Glueck, Jr. -Occupational therapy with regressive shock patients, Gayle E. Mattson. -Occupational therapy during the convalescence of the regressive shock patient, Phyllis Hetzler. -The ataraxic drugs and occupational therapy, William Scheeley. -(Session on Physical Disabilities) Analysis of functional bracing of the hand, Odon F. Von Werssowetz. -Analysis of adapted equipment, Muriel E. Zimmerman. -(Session on Graduate Study) Application of

#### AMERICAN OCCUPATIONAL THERAPY ASSOCIATION--PROCEEDINGS (continued)

progressive resistive exercise to occupational therapy, Ruth Hultkrans and Anice Sandeen. -(Session on Geriatrics) The social care of older persons in nursing homes, Jerome Kaplan-(Session on Therapeutic Recreation) The importance of recreation, Joan M. Doniger. -Recreational therapy; its relationship to a milieu therapy program, James G. Stachowiak. -Prescribing specific recreation for children, Harold M. Sterling. -(Session on Prevocational Therapy) Prevocational contributions to vocational rehabilitation, Robert A. Walker. -The role of the occupational therapist in vocational rehabilitation, Lilian Wegg. -(Session on Pediatrics) The adolescent and his problems, Adelaide M. Johnson. -Excerpts from a study of residential treatment for children with psychosomatic disorders, Anne Dally.

#### AMPUTATION--EQUIPMENT

1140. Michigan Crippled Children Commission (252 Hollister Bldg., Lansing 4, Mich.)

Upper extremity prosthetic devices for children. Lansing, The Commission (1957) 69 p. illus. tabs.

This report was prepared for presentation by Carleton Dean, M. D., Director, at the 7th World Congress of the International Society for the Welfare of Cripples, London, July, 1957.

The child amputee program, begun in 1946, was established in 1955 as the Area Amputee Program with the support of the U. S. Children's Bureau. Its primary purpose is to test and evaluate new prosthetic devices for children, to train prosthetic specialists, and to provide necessary services to child amputees and their parents. Of the 39,217 on the Michigan State Register of Crippled Children, 420 are amputees, or 10.7 child amputees per 1,000 of registered children; of the total state population under 21 years of age, the rate of registered child amputees, per 100,000 population, is 14.6. Tables analyze the characteristics of 226 upper extremity and 194 lower extremity child amputees by site of amputation, congenital or acquired, and sex. The various types of prosthetic devices for selected upper-extremity amputees are described and illustrated; in addition, the medical and prosthetic services provided 50 congenital and 46 traumatic cases are tabulated.

#### APHASIA

1141. Landau, William M. (640 S. Kingshighway, St. Louis 10, Mo.)

Syndrome of acquired aphasia with convulsive disorder in children, by William M. Landau and Frank R. Kleffner. Neurology. Aug., 1957. 7:8: 523-530.

The neurological histories of 5 cases of children with acquired aphasia at the Central Institute for the Deaf are reported and discussed. The children had a variety of convulsive manifestations--grand mal, partial, petit mal, and myoclonic seizures--which have been readily controlled medically. Electroencephalographic improvement was observed to parallel improvement in speech re-education. With appropriate treatment general prognosis for these children appears good.

#### ARCHITECTURE (DOMESTIC)

See 1230.

#### ARTHRITIS--EQUIPMENT

1142. Kersley, G. D. (Royal Natl. Hosp. for Rheumatic Diseases, Bath, England)  
Self-help and the arthritic patient, by G. D. Kersley, Edith C. Barker,  
and Catherine Cox. Annals Phys. Med. Aug., 1957. 4:3:94-103.

An original paper discussing the general management of the arthritic patient, welfare and rehabilitation services available in Great Britain for arthritic wage-earners and housewives, and some simple aids valuable in promoting self-help in daily living activities, 12 of which are illustrated.

#### ARTHRITIS--ETIOLOGY

1143. Stecher, Robert M. (3395 Scranton Rd., Cleveland 9, Ohio)  
The genetics of joint diseases. 14 p. Reprint.  
In: Clinical orthopaedics. Philadelphia, J. B. Lippincott Co., 1956.  
No. 8, Chapter 4, p. 20-33.

A presentation of the results of various investigations on the hereditary aspects of Heberden's nodes (osteoarthritis of the finger joints), rheumatic fever, rheumatoid arthritis, ankylosing spondylitis, gout, and osteoarthritis of the hip. All investigations were pursued over the past 15 years. Details of the literature on the subject, methods of investigation, actual collection of data, computation of statistics and a discussion of the conclusions do not appear in this article but may be located through the bibliography of 28 references which is included. The importance of hereditary factors in joint diseases is considered in comparison with other known causes of these diseases.

#### ARTHRITIS--MEDICAL TREATMENT

1144. A comparison of cortisone and prednisone in treatment of rheumatoid arthritis; a report by the Joint Committee of the Medical Research Council and Nuffield Foundation on clinical trials of cortisone, A.C. T.H., and other therapeutic measures in chronic rheumatic diseases. Brit. Med. J. July 27, 1957. 5038:199-202.

A report of a therapeutic trial to determine whether patients with rheumatoid arthritis treated for at least a year with cortisone acetate would benefit by having their therapy changed to prednisone acetate (delta-1-cortisone acetate). Of a group of 68 patients, 35 were changed to prednisone therapy while the remainder continued on cortisone. This article reports on a year's trial of both drugs. The prednisone group showed improvement in several characteristics; five of this group were judged to have achieved an inactive status in the disease at the end of the year. Further observations are being made before final conclusions can be drawn on the causes of the more favorable results.

1145. Croft, C. R. (South Devon and East Cornwall Hosp., Plymouth, Eng.)  
Ankylosing spondylitis treated with cortisone and allied substances. Brit. Med. J. July 20, 1957. 5037:137-139.

The author reports on the symptomatic effect of treating 14 cases of ankylosing spondylitis with cortisone and allied substances; in all of the cases the diagnosis had been long established and orthodox treatment, including radiotherapy, had been abandoned. The majority were treated on

#### ARTHRITIS--MEDICAL TREATMENT (continued)

an out-patient basis. Corticotrophin, cortisone, and prednisolone were the agents employed; the latter appeared to be the most effective and least likely to cause moon-face. Relief of pain was found to be rapid and accompanied by some increased freedom of movement. In some cases, treatment was stopped but relief continued.

1146. Stolzer, Bertrand L. (500 Penn Ave., Pittsburgh 22, Pa.)

Prednisone and prednisolone therapy in rheumatoid arthritis; clinical evaluation, with emphasis on gastrointestinal manifestations in one hundred fifty-six patients observed for periods of four to fourteen months, by Bertrand L. Stolzer (and others). J. Am. Med. Assn. Sept. 7, 1957. 165:1:13-17.

While the oral administration of either prednisone or prednisolone appeared to be an effective agent for suppressing rheumatoid activity in this series of patients and in improving their functional capacity, the incidence of gastrointestinal complaints increased from 11 to 21 per cent. Because these complications somewhat offset the benefits of prednisone and prednisolone to arthritis patients, the authors believe there is an urgent need for the development of drugs that will prove equally effective and less given to producing side-effects. Data are given on the clinical material, mode of administration of the drugs, results of therapy (both desirable and undesirable), the effect of the drugs on gastric secretion and glucose tolerance, and mortality rate in the series.

#### AUDIOMETRIC TESTS

1147. Geyer, Margaret L. (Dept. of Special Education, 103 S. Fitzhugh St., Rochester, N.Y.) Reprint.

Detection of hearing loss in preschool children, by Margaret L. Geyer and Alfred Yankauer. Public Health Rep. Aug., 1957. 72:8:723-728.

An individual sweep check for hearing loss is reported as being successfully administered to all but 6.5 per cent of 461 children from 2 1/2 through 5 1/2 years of age. The test, an adaptation of the sound toy test described by Dr. Myklebust in his book "Auditory disorders in children; a manual for differential diagnosis," required a minimum of time and equipment. Mass screening is judged to be a worthwhile procedure with preschool children; two successive failures to pass the screening test should, however, be followed up by a pure tone threshold test. Nursery schools and organized play groups should provide an accessible population for such a program.

1148. Irwin, J. V. (Speech and Hearing Clinic, Univ. of Wisconsin, Madison Wis.)

Experience with conditioned GSR audiometry in a group of mentally deficient individuals, by J. V. Irwin, J. E. Hind, and A. E. Aronson. Training School Bul. Aug., 1957. 54:2:26-31.

A group of 20 mental defectives of Southern Wisconsin Colony and Training School with known or suspected hearing loss were given GSR (conditioned

#### AUDIOMETRIC TESTS (continued)

auditory galvanic skin response) tests. Findings and tentative observations of the authors are reported. Because of the small group tested and lack of experience with the new technique, the authors regard the report as a summary of their clinical experience with a series of individuals rather than a controlled experiment.

#### BLIND--ETIOLOGY

See 1185.

#### BLIND--PERSONNEL

1149. Plunkett, Margaret L. (Div. of Manpower and Employment Statistics, U.S. Dept. of Labor, Washington 25, D.C.) Personnel and agencies serving blind people, 1955. Month. Labor Rev. July, 1957. 80:7:821-828. Reprint.

A summary of the highlights of a 150-page report titled "National Survey of Personnel Standards and Personnel Practices in Services for the Blind, 1955," undertaken by the U.S. Bureau of Labor Statistics for the American Foundation for the Blind. Information was obtained on educational background, personal characteristics, and earnings of such workers, as well as on personnel practices and standards of employing agencies and the services they rendered to the blind. The survey covered only those agencies whose primary purpose is to serve the "legally blind" or which employ specialized personnel for service to this group. Agencies were from both the voluntary, or private, and public health field. Methods of the survey are described briefly and data reported in summary.

The full report is available from either the Bureau of Labor Statistics, Washington 25, D.C., or the American Foundation for the Blind, 15 W. 16th St., New York 11, N.Y.

#### BLIND--PREVENTION

1150. De Roeth, Andrew (W. 422 Riverside Ave., Spokane, Wash.) Role of the general practitioner in prevention of blindness, by Andrew De Roeth and Purman Dorman. J. Am. Med. Assn. Aug. 3, 1957. 164: 14:1525-1530. Reprint.

Contains a comparison of data on the causes of blindness from four survey periods since 1939, a discussion of advances in treatment, and suggestions to the general practitioner on his responsibilities in helping to reduce the incidence of blindness.

#### BOY SCOUTS--GREAT BRITAIN

1151. Richardson, Ursula Scouting and Guiding as a means of rehabilitation. Rehabilitation. Summer, 1957. 22:2-5. Explains how the Boy Scout and Girl Guide organizations in Great Britain are being employed in the rehabilitation of handicapped boys and girls, even those who are homebound by severe disability.

#### BRACES

1152. Cicenia, Erbert F. (N.Y. State Rehabilitation Hosp., West Haverstraw, N.Y.)  
Braces and brace management, by Erbert F. Cicenia and Morton Hoberman.  
Am. J. Phys. Med., June, 1957. 36:3:136-152.

A review of various viewpoints on bracing theories and practices, with comments on the authors' experiences at the New York State Rehabilitation Hospital. This is a detailed report on the functions of bracing of the lower extremities, brace descriptions and terminology, indications and contraindications for the use of various types of braces and their parts, techniques for putting on and taking off braces, and dressing and undressing techniques where braces are worn. 16 references.

#### BRAIN INJURIES--DIAGNOSIS

1153. Via, W. F., Jr. (Henry Ford Hosp., 2799 W. Grand Blvd., Detroit 2, Mich.)  
Relationships of cerebral disorder to faults in dental enamel, by W. F. Via, Jr. and J. A. Churchill. A.M.A. J. Diseases of Children. Aug., 1957. 94:2:137-142.

A comparison of the incidence of enamel hypoplasia in 100 apparently normal children and 100 who had definite indications of cerebral dysfunction. A definite relationship between congenital cerebral disorders and enamel hypoplasia was found; evidence indicated that cerebral disorders and enamel defects were established simultaneously. The authors suggest that enamel hypoplasia may serve as an indicator, in children who have congenital brain disorders, of the time when the cerebral disorder was established.

#### BRAIN INJURIES--MENTAL HYGIENE

1154. Newland, T. Ernest (Inst. for Research on Exceptional Children, Univ. of Ill., Urbana, Ill.)  
Pscho-social aspects of the adjustment of the brain-injured. Cerebral Palsy Rev. May-June, 1957. 18:3:14-16.

Considered here are some of the psychological concepts, facts, and the author's personal suspicions which may relate to social adjustment of the brain injured. These are presented to indicate areas in which fundamental research is needed. It is regarded as possible that perception and conceptualization of interpersonal relationships by the brain injured may reflect anomalies comparable to those already found in other kinds of behavior.

#### CAMPING--ADMINISTRATION

1155. Community Council of Greater New York (44 E. 23rd St., New York 10, N.Y.)  
Camping guide for the placement of handicapped children in regular camps...  
New York, The Council, 1957. 39 p. Mimeo. \$1.00.

A revision of a guide published originally in 1945 and first revised in 1951 to include sections on the emotionally disturbed child and the retarded, it now includes such diagnostic categories as the asthmatic, cardiac, diabetic, epileptic, hard of hearing (including the deaf), orthopedic (including cerebral palsy and muscular dystrophy), and visual (including the blind). Included are general considerations for the camp director and the referring agency, as well as separate sections on the above categories. Suggestions on selection of campers, medical supervision, physical facilities, supervision by camp staff, and program should prove useful to those concerned with providing camping experiences for handicapped children.

#### CEREBRAL PALSY--GREAT BRITAIN

1156. Winn, Godfrey

Une couronne pour l'espoir. London, Natl. Spastic Soc., n.d. 39 p. illus.

French edition of: A crown for hope, by Godfrey Winn. Translated from the English by A. G. Stienon.

Translated for distribution by the International Society for the Welfare of Cripples, New York, N.Y. 1957.

A brief, but beautifully related, account by Mr. Winn of his visit to Croydon Spastics Centre, England, and what he learned about cerebral palsy. Attractive illustrations in crayon by Marcia Lane Foster.

The original edition, in English, is published by the National Spastics Society, 28 Fitzroy Sq., London W. 1, England.

This edition in French is available from the International Society for the Welfare of Cripples, 701 First Ave., New York 17, N.Y., at 25¢ a copy.

#### CEREBRAL PALSY--DIAGNOSIS

1157. Citrinovitz, Jaime (Avelino Diaz 851, Buenos Aires, Republic of Argentina)

Perturbaciones fonoaudiologicas en ninos con paralisis cerebral; estudio clinico sobre 28 casos, by Jaime Citrinovitz (and others). Fonoaudiologica. 1956. III:3: 23 p. Reprint.

A report of a clinical study of 28 children selected at random from a group attending the Rehabilitation Center for Cerebral Palsied Children, Rawson Hospital, Euenos Aires. Its purpose was to determine phonoaudiological disorders present in the following functions: hearing, speech development, prelinguistic vegetatives (swallowing and chewing), articulation, voice production, and breathing. Cases ranged in age from 3 to 29 years, with various clinical types represented. Findings and conclusions are included. Text is in Spanish; English summary.

#### CEREBRAL PALSY--ETIOLOGY

1158. Fuldner, Russell V. (178 Sherman Ave., New Haven 11, Conn.)

Labor complications and cerebral palsy. Am. J. Obstet. and Gynec. July, 1957. 74:1:159-166. Reprint.

A further report on clinical data, some of which was previously reported by the author (for annotated listing of article, see Rehabilitation Literature, Apr., 1956. #380). The discussion here includes reference to a number of the chief complications of labor; a tentative correlation can be set up, according to the author's experience, between certain of these complications and one or more types of cerebral palsy. He states that the usual pathogenic mechanism in cerebral palsy appears to be cerebral anoxia. Basic sources of information in the present study were hospital records (birth and neonatal) of 204 cerebral palsied children examined at the Newington Home and Hospital for Crippled Children, Newington, Conn., during the past 6 years.

#### CEREBRAL PALSY--INSTITUTIONS--GREAT BRITAIN

See 1228.

#### CEREBRAL PALSY--MEDICAL TREATMENT

See 1176.

#### CEREBRAL PALSY--PARENT EDUCATION

1159. Matheny, Mary Marguerite (Walter D. Matheny School, Peapack, N.J.)  
Antidotes for confusion. Crippled Child. Aug., 1957. 35:2:11-12.  
A well-known writer and lecturer on problems relating to the care and training of cerebral palsied children offers advice to parents and to those professional workers with handicapped children which will help to eliminate for parents some of the frustrations and confusions.
1160. United Cerebral Palsy Associations (369 Lexington Ave., New York, N.Y.)  
Let's think it through; a booklet for parents of children with cerebral palsy. New York, The Assns., 1957. 52 p.  
In this booklet prepared by the Medical-Professional Section of United Cerebral Palsy Associations, parents are made aware of their responsibilities as members of the cerebral palsy team, of the medical aspects of cerebral palsy, of various phases of treatment, and of the reactions of parents to their child's condition. Emphasis is on the psychological effects of cerebral palsy, both on the child and his parents. Professional members of the cerebral palsy team recognize, however, that the ultimate solution to the problems of these children must come from the parents' determination to face them realistically.

#### CEREBRAL PALSY--PHYSICAL THERAPY

1161. Spencer, Helen G. (Northern Calif. School for Cerebral Palsied Children, Lake Merced Blvd. and Winston Dr., San Francisco, Calif.)  
Balance training in cerebral palsy: Principles and procedures. Phys. Therapy Rev. Aug., 1957. 37:8:501-511.  
After briefly reviewing the learning principles on which training should be based, the author describes various activities used in successive stages of balance training: head balance, sitting balance, quadruped activities, erect activities with support other than canes or crutches, crutch and cane activities, and erect activities without support. This is not an orderly system of exercise through which a patient is supposed to progress; the arrangement is for convenient reference use.

#### CEREBRAL PALSY--SPEECH CORRECTION

1162. Irwin, Orvis C. (Iowa Child Welfare Research Station, Univ. of Iowa, Iowa City, Ia.)  
Correct status of a third set of consonants in the speech of cerebral palsy children. Cerebral Palsy Rev. May-June, 1957. 18:3:17-20.  
The correct status of consonant articulation by cerebral palsied children was reported in two previous studies. (see Rehabilitation Literature, Aug., 1956, #934, and Aug., 1957, #950). Reported here is an investigation of another set of 6 consonants.

#### CEREBRAL PALSY--SURVEYS--OHIO

1163. Ohio. Columbus Academy of Medicine  
Special study of the facilities and services for the cerebral palsied in Columbus and Franklin County, 1956; the final report of the Joint Committee of the...and the Metropolitan Health Council, Columbus, The Academy, 1956. 14 p. tabs. Mimeo.

#### CEREBRAL PALSY--SURVEYS--OHIO (continued)

A report of a survey of existing services and facilities for cerebral palsied children in Franklin County, Ohio, made to determine important gaps in the present program and to offer recommendations for meeting these needs. Statistics are given on the prevalence of cerebral palsy in Columbus and Franklin County; data enable comparison, by agencies, of services now being offered in medical, educational, vocational, and general categories. Text of the report discusses implications of the findings and recommends changes and additions to services.

Available from Sewall Milliken, Executive Secretary, Metropolitan Health Council of Columbus and Franklin County, 137 E. State St., Columbus 15, Ohio.

#### CHILD GUIDANCE--GREAT BRITAIN

1164. National Association for Mental Health (Gt. Brit.) (39 Queen Ann St., London, W. 1, England)

The maladjusted child; the Underwood Report and after; proceedings of a conference held at the Church House, Westminster, London, on 11th and 12th April, 1957. London, The Assn., 1957. 99 p.

Discussed at the Conference were recommendations of the Underwood Report, preventive aspects of maladjustment in children, the promotion of sound family relationships and the proper environment in the home, factors responsible for maladjustment in children, educational programs for the maladjusted, the necessity for cooperation between all personnel dealing with maladjustment, and the work of various agencies concerned with solving the many problems occasioned by maladjustment.

Available from the Natl. Association for Mental Health (Great Britain) at 5 s a copy (approx. \$1.08).

#### CHILDREN ( DEPENDENT )

1165. O'Rourke, Helen

Placing a hard-to-reach child; an experience in the placement of a totally deaf, six-year-old boy. New York, Child Welfare League of America, 1956. 35 p.

A detailed account of the problems which the natural parents, social worker, and foster parents faced in the placement of a totally deaf child. The experiences as related have implications for the placement of withdrawn children, the very young child and even the infant. Also stressed is the importance of relationships in the placement process; for the social worker it means relating to the child, the parents, and the foster parents. Use of the foster parents in the placement process in this case is a practice that could be employed more widely in placement. Results of temporary placement were so encouraging that the child was able to return home and was accepted by the school in his community.

Available from Child Welfare League of America, 345 E. 46th St., New York 17, N. Y., at 75¢ a copy.

CHILDREN (DÉPENDENT) (continued)

1166. Wallace, Helen M. (School of Public Health, Univ. of Minn., Minneapolis, Minn.)

A report on foster home placement as a resource for handicapped children, by Helen M. Wallace, Amelia Igel, and Margaret A. Losty. Pediatrics. Aug., 1957. 20:2:358-361.

Through information obtained from two questionnaires sent to all hospitals and convalescent homes in New York City, requesting information on handicapped children in these institutions who were medically ready for discharge home, it was learned that a number were being retained in the institution for social, and not medical, reasons. A review team of specialists discussed suitable foster care placement for such children with official and non-official agencies; agreement was reached among social agencies that a coordinated community program was necessary but no definitive method was evolved.

CHRONIC DISEASE

1167. Miller, Seward E. (Institute of Industrial Health, Univ. of Mich., Ann Arbor, Mich.)

The general practitioner in chronic disease and disability in industry. J. Mich. State Med. Soc. July, 1957. 56:7:863-866, 870.

In his paper presented at the annual meeting of the Michigan State Medical Society, the Director of the Institute of Industrial Health, University of Michigan, discussed chronic diseases known to be associated with specific occupational exposures and the general practitioner's responsibility in the prevention of chronic disease and disability, in proper placement of workers to avoid aggravation of existing chronic disease, in detection of chronic disease, and in medical rehabilitation of such patients. Community resources available to aid the general practitioner are mentioned.

1168. Rosenfeld, Leonard S. (14 Somerset St., Boston 8, Mass.)

Reasons for prolonged hospital stay; a study of need for hospital care, by Leonard S. Rosenfeld, Franz Goldmann, and Leo A. Kaprio. J. Chronic Diseases. Aug., 1957. 6:2:141-152.

A report of a study of patients in 4 general hospitals in Boston who were hospitalized 30 days or longer; purpose of the study was to determine reasons for their prolonged stay and to define factors affecting hospital utilization. It includes, as well, an analysis of a sample of patients discharged in 1953 and a detailed review by a team of professional persons of a sample of 369 "long-stay" patients in the four hospitals during 1954. Methodology and findings of the study are given and an outline for standards for classifying patient characteristics is included. The methods developed are believed to be useful in estimating future needs for general hospital beds and the types of physical facilities and services required for the care of patients with chronic illness.

CHRONIC DISEASE--PREVENTION

See 1229.

#### CHRONIC DISEASE--PROGRAMS

1169. Littauer, David (216 S. Kingshighway Blvd., St. Louis 8, Mo.)

Home care has made a place for itself, report on three-year program indicates, by David Littauer and I. Jerome Flance. Modern Hosp. Aug., 1957. 89:2:77-86.

Describes the organization, personnel, physical facilities, clinical experiences, operating income and expenses of the home care department of the Jewish Hospital of St. Louis during three years of operation.

See also 1216; 1230.

#### CLEFT PALATE--OHIO

1170. Chernek, Olga M. (Services for Crippled Children, State Dept. of Public Welfare, Columbus, Ohio)

Cleft lip and palate in the total health program, by Olga M. Chernek and Ermal O'Brian. Ohio's Health, Ohio Dept. of Health. July, 1957. 9:7:4-8.

Some 1192 children with cleft lip or palate are being treated in Ohio with the assistance of the Services for Crippled Children. The special problems of these children and the information that parents should have are briefly reviewed.

#### CLOTHING

See 1187.

#### CONGENITAL DEFECT--ETIOLOGY

1171. Millen, J. W.

Influence of cortisone on teratogenic effects of hypervitaminosis-A, by J. W. Millen and D. H. M. Woollam. Brit. Med. J. July 27, 1957. 5038: 196-197.

In same issue: Effect of cortisone on the incidence of cleft-palate induced by experimental hypervitaminosis-A (by the same authors), p. 197-198. -Environmental and congenital malformations (an editorial), p. 208-209.

A report of an investigation which explored the effect of cortisone, administered during pregnancy, upon the incidence of deformities of the brain and calvaria produced by hypervitaminosis-A in rats. Findings revealed the incidence of gross malformations of the brain and calvaria in the young of mothers who received both vitamin A and cortisone was greatly increased, as compared with the young from animals which received vitamin A alone or cortisone alone. Findings are discussed in relation to earlier studies upon the teratogenic effects of hypervitaminosis-A and of cortisone. The second article by the authors discusses experiments which revealed that incidence of cleft palate in the young of female rats given both oral vitamin A and cortisone was greatly increased (100%) compared with its incidence in the young of animals receiving vitamin A alone. Vitamin A given subcutaneously was less effective as a teratogenic agent than when given orally. The editorial discusses briefly the implications of the above two papers.

See also 1143; 1153; 1185.

## CRIME

1172. Gibson, Robert (Manitoba School, Box 1190, Portage la Prairie, Manitoba, Canada).

Incidence and pattern of crime among mental defectives. Mental Hygiene. July, 1957. 41:3:404-407.

Several British studies on defectives involved in criminal proceedings are briefly reviewed. Incidence, causes and associated factors, and types of crimes, as reported in the studies, are summarized.

## DEAF

See 1165.

## DEAF--DIAGNOSIS

1173. Getz, Steven B. (Dept. of Special Education, Coll. of Education, Univ. of Tennessee, Knoxville, Tenn.)

Theoretical note on some types of psychogenic deafness, i.e., central, conductive, perceptive. Acta Oto-Laryngologica. 1957. 47:6:491-495. Reprint.

Various types of psychogenic deafness, the author states, follow the dynamic rules of psychosomatic symptoms rather than the stable pattern of organic deficiency. He discusses the three categories of psychogenic deafness and the difficulties in differential diagnosis. The child with this type of disorder requires immediate active, and continuous psychologic therapy if he is to overcome his disease. The appropriateness of an educational facility for the deaf and hard of hearing as a solution to the problem of psychogenic deafness is questioned.

## DENTAL SERVICE

1174. Louis, John D. (University Hospital, Ohio State Univ., Columbus, O.)

Tooth extraction and heart disease. Ohio's Health, Ohio Dept. of Health. July, 1957. 9:7:17-21.

The infectious process of rheumatic fever, subacute bacterial endocarditis, acute bacterial endocarditis, and congenital heart disease is reviewed and the dentist's role in the prevention of reinfection is indicated.

See also 1153.

## DRUG THERAPY

1175. Gillie, Anne K. (Little Plumstead Hospital, Norwich, England)

The use of Pacatal in low-grade mental defectives. J. Mental Science. Apr., 1957. 103:431:402-405. Reprint.

Describes the chemical composition of Pacatal (Mepazine) and results of its use in 30 low-grade mental defectives showing gross disorders of conduct which were evident clinically in disturbed and difficult behavior. Those who did improve while on the drug returned to their usual behavior pattern within two weeks after withdrawal of the drug. The author concludes that results were of limited value except in the case of epileptics where the sedative effect of anticonvulsants was observed. Several side effects were noticed, the most prominent of which was dryness of the mouth.

#### DRUG THERAPY (continued)

1176. Mautner, Hans (Wrentham State School, Wrentham, Mass.)  
Drug therapy in cerebral palsy. Cerebral Palsy Rev. May-June, 1957.  
18:3:4-13, 20-22.

Dr. Mautner has systematically reviewed the clinical use of drugs with cerebral palsied patients. Rationale, dosage, and effects, as they relate to treatment for epileptiform seizures, motor disturbances, and mental deficiency, are briefly discussed under each drug. 157 references.

See also 1178; 1179; 1202.

#### EMPLOYMENT (INDUSTRIAL)--PLACEMENT

1177. Dawson, A. Ray (McGuire V. A. Hospital, Richmond 19, Va.)  
Selective placement in industry; the need for collaboration of medical and social agencies, by A. Ray Dawson and R. N. Anderson. South. Med. J. Apr., 1957. 50:4:469-474. Reprint.

One of a series of four articles in this issue of the Southern Medical Journal on the effective rehabilitation of the disabled for actual employment, it presents a discussion of factors responsible for success or failure in the placement of severely disabled patients. Experiences gained from placing ex-patients at McGuire V.A. Hospital, Richmond, Va., form the basis of discussion. The article represents a follow-up study of 134 patients from a total study of 400, discussed in the initial study presented at the June, 1955 meeting of the American Medical Association.

See also 1138; 1203.

#### ENDOCRINE DISORDERS

1178. Hillman, D. A. (Dr. Talbot, Massachusetts Gen. Hosp., Fruit St., Boston 14, Mass.)  
Observations on the etiology of dwarfism in the congenital telangiectatic erythema, by D. A. Hillman, J. D. Crawford, and N. B. Talbot. Pediatrics. Aug., 1957. 20:2:268-271.

A presentation of a case history of a patient with congenital telangiectatic erythema studied in the Adolescent Endocrine Clinic of Massachusetts General Hospital. Observations which appear to provide explanations for the growth failure in the patient are reported. When first seen at the age of six the patient exhibited growth retardation, caloric undernutrition, telangiectatic skin lesions on the face, and areas of altered skin pigmentation. Administration of cortisone resulted in improved appetite and significant weight gains. On discontinuation of cortisone therapy, spurts in linear growth were observed. They appeared to be limited and probably related to utilization of fat deposits accumulated during an earlier period of cortisone therapy.

1179. Sobel, Edna H. (Albert Einstein Coll. of Med., Eastchester Rd. & Morris Pk. Ave., Bronx, N. Y.)  
The use of methyltestosterone to stimulate growth; relative influence on skeletal maturation and linear growth, by Edna H. Sobel.(and others). J. Clin. Endocrinology and Metabolism. Feb., 1956. 16:2:241-248. Reprint.

#### ENDOCRINE DISORDERS (continued)

A report of a study to determine whether, in suitable dosage, testosterone may be expected to exert a favorable influence on the ultimate stature of short, but otherwise healthy, children. The relative influence of oral methyltestosterone (5 to 40 mg daily) was evaluated in 27 children 5 1/2 to 10 years who were growing slowly. In 56% of the group greater augmentation of skeletal age than of height age was observed. Since growth is essentially ended when epiphyseal maturation is complete, the authors suggest that testosterone may not be a suitable agent for the promotion of growth. Material in this paper was included in one presented at a Symposium on Adrenal Function in Infants and Children at the 13th M & R Pediatric Research Conference in 1954.

#### EPILEPSY

1180. Walker, A. Earl (601 N. Broadway, Baltimore 5, Md.)

Prognosis in post-traumatic epilepsy; a ten-year follow-up of cranio-cerebral injuries of World War II. J. Am. Med. Assn. Aug. 10, 1957. 164:15:1636-1641. Reprint.

A report of a follow-up of a series of 244 patients with post-traumatic epilepsy from head wounds who were treated at Cushing General (Army) Hospital from 1945 to 1946. Methods of the study, an analysis of data collected on mortality rates, social, economic, and occupational status, the course in epilepsy in these patients, and prognostic factors are discussed. It is important, in evaluating the disability of the patient with post-traumatic epilepsy, that the total picture be considered since the condition does not have the same implications or prognosis as idiopathic epilepsy.

This study was supported by a grant from the Illinois Epilepsy League, Chicago.

See also 1141.

#### EXERCISE

1181. Increasing muscle strength. Brit. Med. J. July 20, 1957. 5037:150-151.

A review editorial, with a bibliography of 14 references, which reports briefly newer methods of increasing muscle strength and function, some of the practical problems of measuring muscle strength, improved training techniques, and factors to be considered in devising a training routine.

1182. Salter, Nancy (Med. Rehab. Unit., R. A. F., Chessington, England)

Exercise therapy. Annals Phys. Med. Aug., 1957. 4:3:81-93.

After a brief review of the historical background of physical exercise, the author then defines the aims of exercise therapy and describes in more detail DeLorme's routine, MacQueen's method, Kabat's method, and Guthrie Smith's exercise techniques. Experimental investigations of the problems of muscle training are discussed briefly, with a consideration of the physiological basis of exercise therapy. 34 references.

#### HEART DISEASE

See 1174.

## HEMIPLEGIA

1183. Delacato, Carl H. (Rehabilitation Center, 8801 Stanton Ave., Philadelphia 18, Pa.)

Hemiplegia and concomitant psychological phenomena, by Carl H. Delacato and Glenn Doman. Am. J. Occupational Ther. July-Aug., 1957. 11:4(Pt. I): 186-187, 196.

Because the level of aspiration and evaluative standards is apparently lower in patients who have suffered cerebral vascular accident, occupational therapy is offered as soon as possible following the accident since occupational activities tend to increase standards of evaluation of the patient. Etiological factors responsible for the phenomena of amorality and for attentional dissipation are discussed. Both phenomena are within the realm of the occupational therapist's work.

1184. Problems in rehabilitation of the hemiplegic patient. N. Y. State J. Med. Apr. 15, 1957. 57:8:1377-1386. Reprint.

A summary of a panel discussion on the subject of "Rehabilitation of the Hemiplegic Patient," presented at the 150th annual meeting of the Medical Society of the State of New York...Section on Physical Medicine, May 9, 1956.

Contents: Posthemiplegic shoulder pain, Jerome S. Tobis. -Contractures of the knee in hemiplegia, Milton Lowenthal. -Orthopedic aspects of treatment following cerebrovascular accidents, Anoch H. Lewert. -Psychoneurologic problems of the hemiplegic patient in rehabilitation, Ira Belmont. -The kinanesthetic hemiplegic, Simon Maringer.

Single copies of this issue of the Journal are available from the Medical Society of the State of New York, 386 Fourth Ave., New York 16, N. Y., at 50¢ a copy.

See also 1227.

## HEREDITY

1185. Cuendet, Jean-Francois (Dept. of Ophthalmology, Univ. of Lausanne, Lausanne, Switzerland)

Heredity counseling in eye diseases. Eugenics Quart. Sept., 1957. 4:3:139-147.

Presents tables which recapitulate the large majority of situations in which heredity counseling is sought in regard to the prognosis for future children where there are eye diseases in the family history. Recessive autosomal and dominant autosomal eye diseases are discussed as to the calculated risks; sex-linked eye diseases are considered in the same manner. The author states that the percentages have only suggestive value and can be modified according to particulars of heredity in a specific family. An additional table lists alphabetically a number of eye diseases not treated in the other calculations; mode of inheritance and accuracy of genetic prognosis are indicated for each.

#### HIP--DISLOCATION

1186. Bianco, Anthony J., Jr. (Dept. of Orthopedic Surgery, Mayo Foundation, Rochester, Minn.)

Historical milestones in the treatment of congenital dysplasia of the hip, by Anthony J. Bianco, Jr. and Einer W. Johnson, Jr. Minn. Med. Jan., 1957. 40:1: 7-11, 26. Reprint.

A brief historical review of the evolution of the treatment of congenital dislocation of the hip and of the events leading up to the recognition of congenital dysplasia of the hip. Both closed and open methods of treatment are described and a diagrammatic presentation of modern treatment is included.

#### HOME ECONOMICS

1187. Connecticut. University. School of Home Economics

Progress report, June 15, 1956-June 15, 1957; work simplification in the area of child care for physically handicapped women... submitted by Elizabeth Eckhardt May and Neva R. Waggoner. Storrs, Conn., The School, 1957. various paging. tabs. Mimeo.

Contents: Report on pilot study of the child care problems of 100 orthopedically handicapped homemakers, Neva R. Waggoner. -Progress report on preparation of educational materials, motion pictures, slides, and prints. -Progress report on "Demonstration of principles of work simplification in child care" applied to the problems of a selected group of handicapped homemakers. -Children's clothing problems of mothers with orthopedic handicaps: Part I. Development and testing of self-help clothing for the preschool age child. -Part II. Study of outdoor clothing. -Part III. Demonstration teaching materials.

The study was limited to orthopedically handicapped women with preschool children. Disabilities ranged from those requiring wheelchair living or crutches to those limiting hand and arm motion. Dr. Elizabeth Eckhardt May, Dean of the School of Home Economics, is Project Director; Mrs. Neva R. Waggoner is Research Coordinator.

See also 1230.

#### HOSPITAL SCHOOLS

1188. McPherson, C. A. (Royal Natl. Orthopaedic Hosp. School, Stanmore, Middlesex, Eng.)

Educating children in hospital. Med. World. Aug., 1957. 87:2:143-146.

The Education Act of 1944 has made available for the long-term hospitalized child in Great Britain a wide variety of facilities to provide for his education. Organization of the hospital school, qualifications required of its teachers, benefits derived by patients, and the psychological value of the hospital school to parents and children alike are briefly reviewed for the general practitioner.

#### HOSPITALS

See 1168; 1169; 1217.

## LATERALITY

1189. Eames, Thomas H. (31 Derry St., Manchester, N.H.)

Frequency of cerebral lateral dominance variations among school children of premature and full-term birth. J. Pediatrics. Sept., 1957. 51:3:300-302.

Because of the controversial position of lateral cerebral dominance of eye and hand in the etiology, diagnosis, and treatment of language disabilities, particularly in the fields of speech, reading, writing, and spelling, this study made a comparison of school age children, considered to fall within the premature group at birth, and those weighing over 5.5 pounds at birth (considered full-term). Data revealed that the premature group presented 20 per cent more lateral cerebral dominance variations than the "normal" group. The degree to which variations in lateral cerebral dominance may interfere with language function remains to be determined.

## MEDICINE--RESEARCH

1190. Bailey, Pearce (Natl. Institutes of Health, Bethesda, Md.)

Research attack against neurological disorders. Crippled Child. Aug., 1957. 35:2:4-5, 27.

The author, director of the National Institute of Neurological Diseases and Blindness and long a counselor to the National Society for Crippled Children and Adults, is one of the most ardent advocates of research. He offers a brief evaluation of the work of the Institute and gives some highlights of the progress in research since 1954.

## MENTAL DEFECTIVES

1191. American Orthopsychiatric Association

Mental retardation in urban areas; a symposium. Am. J. Orthopsychiatry. July, 1957. 27:3:484-507.

Contents: Mental deficiency in the urban community, Karl F. Heiser, p. 484-489. -A study of the problem of mental retardation in a large urban community, Robert G. Ferguson, p. 490-501. -The relationship of the Flower and Fifth Avenue Hospital Clinic for Mentally Retarded Children to a community-wide program in an urban setting, Harold Michal-Smith (and others), p. 502-507.

1192. West Virginia. State Department of Health

Proceedings of a seminar on mental retardation, sponsored by... November 29 and 30, 1956, House of Delegates Chambers, State Capitol, Charleston.... Charleston, The Dept., 1957. 78 p.

Participants from the fields of medicine, pediatrics, public health nursing, psychology, mental health, education and vocational rehabilitation, as well as parents of retarded children, discussed important aspects of mental retardation problems from the medical, psychological, educational and vocational rehabilitation viewpoints. Also includes a report of a panel discussion on building a state program for the mentally retarded. Public health nurses discussed a case study of a family situation and ways and means of working with the family of a retarded child.

Available from the Bureau of Public Health Education, Rm. 520, State Office Bldg., Charleston 5, W. Va.

See also 1172.

#### MENTAL DEFECTIVES--GREAT BRITAIN

1193. Great Britain. Royal Commission on the Law Relating to Mental Illness and Mental Deficiency

Report (1954-1957), presented to Parliament by Command of Her Majesty, May, 1957. London, H. M. Stationery Off., 1957. 328 p. tabs. (Cmnd. 169)

Since the laws and administrative machinery relating to mental illness and mental deficiency in Great Britain are quite complicated, the Commission felt it necessary to review mental health services in relation to their own historical background and to other social services. Although the report concentrates mainly on general principles, it was thought necessary to go into detail when describing past and present arrangements and when recommending changes. A summary of the main conclusions regarding the present law and its administration, with recommendations for the future, is presented, as well as a survey of present mental health services. The remainder of the report is devoted to a discussion of the need for new legislation, groups of patients which need to be distinguished for legal and administrative purposes, procedures applying to patients being treated voluntarily or under compulsory power, local administration of mental health services and relations with other social services, powers and duties of the central government, and hospitals and homes outside the national health service. In all, the report covers very thoroughly all phases of the mental health problem in Great Britain and should be of interest to those in the field in this country for purpose of comparison.

Available in the U. S. from British Information Services, 45 Rockefeller Plaza, New York 20, N. Y., at \$1.97 postpaid.

#### MENTAL DEFECTIVES--DIAGNOSIS

See 1148.

#### MENTAL DEFECTIVES--MEDICAL TREATMENT

See 1175.

#### MENTAL DEFECTIVES--PROGRAMS

1194. Flory, Mary C.

Administering a program for retarded children. Nursing Outlook. Aug., 1957. 5:8:466-467. Reprint.

The third in a series of articles by the same author (see also June and July, 1957, issues of Nursing Outlook), it describes the steps taken by a visiting nurse service to achieve working relationships with a chapter of the National Association for Retarded Children. Program areas and their objectives, as well as the principles of the mutual program, are discussed. The first two articles described the guidance which the visiting nurse association in Ambler, Pa., was providing parents of mentally retarded children.

#### MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS

1195. Heller, Arthur D.

The Draw-a-Person-Test in mental defectives. Mental Health. Summer, 1957. 16:3:90-94.

After a brief description of the tests used at Prudhoe and Monkton Hospital, England, in diagnosing mental deficiency, the author reports results of a study

MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS (continued)

to determine whether there are significant relations between findings arrived at by the Draw-a-Person-Test and the diagnosis achieved by the complex system of investigation described earlier in the article. The study indicated the Draw-a-Person-Test should be incorporated into the system of examination for mental defectives.

MENTAL DEFECTIVES--SPECIAL EDUCATION

See 1222; 1226.

MENTAL DEFECTIVES--SPECIAL EDUCATION--GREAT BRITAIN

See 1231.

MUSIC THERAPY

See 1204.

NERVE INJURIES

1196. Jaeger, Rudolph (Jefferson Med. Coll. Hops., Philadelphia 7, Pa.)  
Causalgia; its etiology and treatment in traumatic conditions of the peripheral nerves and spinal cord. Pa. Med. J. Aug., 1957. 60:8:977-982.  
A discussion of the conditions in which causalgia is found, its pathology and symptoms, and treatment by surgery and physiotherapeutic measures. Various surgical procedures for the relief of causalgia are described briefly.

NURSERY SCHOOLS

See 1232.

OCCUPATIONAL THERAPY

See 1139.

OLD AGE--EMPLOYMENT

1197. U.S. Bureau of Labor Statistics  
Employment and economic status of older men and women. Washington, D.C., Gov't. Print. Off., 1956. 41 p. charts, tabs. (Bul. no. 1213, December, 1956. Revision of Bul. no. 1092)

Brought up to date and amplified in certain sections, this revision of a bulletin originally published in 1952 presents current and historical data on the employment and economic status of older men and women in the United States. Designed to contribute understanding of the effect of population, employment, and economic trends on older age groups in the population, and especially in the labor force, it presents separate data on men and women, wherever possible, to show similarities and differences in their economic status and employment experiences.

Available from U.S. Superintendent of Documents, Government Printing Office, Washington 25, D.C., at 20¢ a copy.

#### OLD AGE--PROGRAMS

1198. Ross, C. Howard (715 N. University Ave., Ann Arbor, Mich.)  
Geriatric rehabilitation. J. Mich. State Med. Soc., Aug., 1957.  
56:8:1000-1008. Reprint.

Reprinted from: J. Am. Geriatrics Soc. Mar., 1957. 5:3:271-283.

Some pungent suggestions on the home care of the geriatric patient, his diet, personal appearance, routines of care, the role of the rehabilitation center, the family physician's responsibilities toward the patient and his family, and practical applications of rehabilitation techniques in the case of the hemiplegic, paraplegic, amputee, and coronary patient.

#### ORTHOPEDICS--BIOGRAPHY

1199. Malkin, S. Alan S.

The conquest of disability; Robert Jones Lecture delivered at the Royal College of Surgeons of England on 8th November, 1956, by.... Annals, Royal Coll. of Surgeons of England. Feb., 1957. 20:2:99-111. Reprint.

A review of the life and accomplishments of Robert Jones, considered the founder of British orthopedic surgery and a pioneer of the crippled children's movement in England. The author has personal knowledge of Dr. Jones since he was privileged to work in cooperation with the eminent surgeon during Dr. Jones' later years.

#### OSTEOCHONDROSIS

1200. Goff, Charles W. (30 Farmington Ave., Hartford 5, Conn.)

The osteochondroses, with emphasis on the Legg-Calve-Perthes syndrome. 21 p. Reprint.

In: Am. Academy of Orthopaedic Surgeons Instructional Course Lectures. Ann Arbor, J.W. Edwards, 1956. vol. XIII, p. 24-44.

The osteochondroses are any "of the group of epiphyseal dystrophies characterized by changes that have come upon a formerly normal growth center, resulting in some degree of actual or apparent necrosis," which can usually be detected by x-ray. Present knowledge concerning this complex disease entity, including etiology or suspected precipitating factors, pathology, and treatment is reviewed. The author has pointed out a few correlations with genetics, growth deceleration, "stress," and several other hypothetical approaches that call for further research. 67 references.

#### PARAPLEGIA

1201. Berns, S. Harry (400 E. 34th St., New York 16, N.Y.)

Spinal cord injury; rehabilitation costs and results and follow-up in thirty-one cases, by S. Harry Berns (and others). J. Am. Med. Assn. Aug. 3, 1957. 164:14:1551-1558.

A study was made of 31 patients with traumatic transverse myelopathy to evaluate both the immediate and subsequent results of an intensive and total rehabilitation program at the Institute of Physical Medicine and Rehabilitation. These patients were sent to the Institute by the Georgia Division of Vocational Rehabilitation. An analysis was made of the procedures, complications, duration, costs, and results of the program with this group. Follow-up in all cases was after a minimum period of one year at which time 42% were employed full time in jobs and an additional 32% were in vocational training programs preparatory to employment. A 7-page questionnaire form used in follow-up is available from the authors upon request.

#### PARAPLEGIA--MEDICAL TREATMENT

1202. Gibson, James W. (400 E. 34th St., New York 16, N.Y.)

Zoxazolamine and/or chlorpromazine for muscle spasm, by James W. Gibson, Seymour S. Bluestone, and Edward W. Lowman. J. Am. Med. Assn. Sept. 7, 1957. 165:1:18-20.

A clinical study, using the double-blind method, was made to evaluate effectiveness of zoxazolamine, zoxazolamine placebo, chlorpromazine, and chlorpromazine placebo in various combinations and dosages for the relief of spasticity in 8 patients (6 quadriplegics and paraplegics, one multiple sclerosis patient, and one hemiplegic as a result of cerebrovascular accident). Since the patient with multiple sclerosis was the only one in the series to benefit from the administration of zoxazolamine and chlorpromazine, the authors conclude the results reported do not indicate the drugs effective in ameliorating skeletal muscle spasticity due to spinal cord injuries.

See also 1196.

#### PHYSICAL EFFICIENCY

1203. Warren, M.D. (London County Council, London, England)

The functional grading of abilities and disabilities. Brit. J. Phys. Med. Aug., 1957. 20:8:169-175.

Some administrative problems concerned with the interpretation of the functional capacity of employees are considered. Various systems used in Great Britain for the functional grading of capacity are discussed briefly, with suggested variations for their use in military and civilian life. Methods used in clinical medicine are not suitable for use by administrative officers selecting employees for jobs. The author does not recommend widespread adoption of any particular system of evaluation but believes an interchange of information between the hospital, rehabilitation personnel, family doctor, and industrial medical officer would aid in vocational rehabilitation.

#### PHYSICAL THERAPY--PERSONNEL

1204. Field, Ethel D. (2604 Prosser Ave., Los Angeles 64, Calif.)

The volunteer helps solve group mat class problems. Physical Therapy Rev. Aug., 1957. 37:8:517-521.

Reported here is a method of handling children, most of whom were post-polio assigned to mat exercise groups at the California Rehabilitation Center, Santa Monica. Described in detail is the use of volunteers as class aides for the children's musical mat classes. Samples of "playing games" and the music used are given.

#### POLIOMYELITIS

1205. Burke, Beatrice E. (Fairfield Hospital, Melbourne, Australia)

Glossopharyngeal breathing and its use in the treatment of respiratory poliomyelitis patients. Physiotherapy. Aug., 1957. 43:8:228-231.

Reprinted from: Australian J. Physiotherapy. 1957. 3:1.

Describes techniques of glossopharyngeal or "frog" breathing, its advantages to the poliomyelitis patient with paralysis of the respiratory muscles, and its limitations and contraindications. Experience with the method at Fairfield Hospital, Melbourne, Australia, is discussed.

The article as originally published in the Australian Journal of Physiotherapy concluded with "Some notes on chest respirators," not included in this article.

#### POLIOMYELITIS-- MEDICAL TREATMENT

1206. Kaplan, Samuel (435 N. Roxbury Dr., Beverly Hills, Calif.)

Paralysis of the swallowing mechanism following bulbar poliomyelitis; surgical restoration of function. A. M. A. Arch. Otolaryngol. May, 1957. 65:5:495-498. Reprint.

Describes a new surgical procedure for the restoration of swallowing in patients who have lost this function as a result of bulbar poliomyelitis; essentially it consists of sectioning the cricopharyngeus muscle. Of 8 cases thus treated, only one has resulted in failure. "Tongue block," a secondary complication which often delays recovery following surgery, is discussed, with methods for its management suggested. Also considered are differential diagnostic methods.

#### POLIOMYELITIS--SPEECH CORRECTION

1207. Bosma, James F. (1940 S. Second East, Salt Lake City, Utah)

Mechanisms of disability of speech resulting from poliomyelitis, by James F. Bosma, Wallace A. Goates, and Melvin A. Nielson. Annals Otol., Rhinol., Laryngol. Mar., 1957. 66:1:67-85. Reprint.

A report of clinical experiences with a group of severely involved bulbar and bulbar-spinal poliomyelitis patients. The general role of speech therapy in the rehabilitation of paralytic disability of this type is discussed. The variety of speech disabilities following poliomyelitis are classified and briefly described. These disabilities have been observed to be commonly multiple and mutually exaggerating in their effect. The speech clinician's role on the general rehabilitation team is considered; it is emphasized that his contribution is greater than mere facilitation of communication. Procedures used in speech rehabilitation aid recovery of other performance of the bulbar area. Illustrated.

#### PSYCHOLOGY

1208. Orfirer, Alexander P. (1831 Forest Hills Blvd., East Cleveland, Ohio)

Psychological aspects of rehabilitation. Ohio State Med. J. Mar., 1957. 53:3:281-284. Reprint.

Reactions of anxiety, dependency, grief, aggression, guilt, unreal sense of responsibility, and denial of illness or handicap can be seen to some extent in all patients and must be treated as definite symptoms. Suggestions for the management of such reactions are given, especially as they occur in the hemiplegic patient..

#### PUBLIC ASSISTANCE

1209. Hilleboe, Herman E. (State Office Bldg., Albany 1, N. Y.)

A pilot program for the rehabilitation of disabled welfare recipients; a preliminary report, by Herman E. Hilleboe (and others) N. Y. State J. Med. May 15, 1957. 57:10:1737-1741. Reprint.

An analysis of a pilot project at the New York State Rehabilitation Hospital, West Haverstraw, which provided comprehensive rehabilitation services to physically handicapped welfare recipients, is presented in preliminary form. Changes in ability to ambulate, capability for self-care, vocational potential, and in living arrangements were evaluated. Although patients admitted under the program had been considered "permanently and totally disabled," 73% of the first 100 patients discharged were considered to have improved as a result of treatment. In over 50% improvement was moderate or marked.

#### PUBLIC ASSISTANCE--TEXAS

1210. Johnson, Geneva R. (Dept. of Phys. Med., Med. Coll. of Georgia, Augusta, Ga.)

The organization and development of a physical medicine and rehabilitation service within the framework of a welfare agency, by Geneva R.

Johnson, Beatrice A. Levy and Jack B. Mohney. Phys. Therapy Rev. Aug., 1957. 37:8:511-516.

Since April, 1954 Baylor University College of Medicine has operated a small rehabilitation unit for the indigent and aging indigent who are clients of the county welfare board. The developing program of the unit, its personnel, and procedures are reviewed in some detail.

#### RECREATION--BIBLIOGRAPHY

1211. National Recreation Association

Recreation; a guide to books on recreation; an annotated list of over 850 selected titles. Recreation. Sept., 1957. 50:7 (Part II) 31 p.

A revision of a bibliography first published in 1956. A majority of the 1956 titles have been retained in addition to which there are 360 new titles. Information includes author and title, price, and a very brief annotation. All books listed are stocked by the Natl. Recreation Assn. at its national headquarters and are available on order from them. Books are grouped under such subject headings as: activities for special groups (the ill and handicapped section contains 13 listings); arts and crafts; camping; dancing; community recreation; drama; facilities and equipment; games and puzzles; hobbies; and music, to mention only a few.

#### REHABILITATION

1212. Withers, R. J. (Royal Victoria Hosp., Belfast, Ireland)

The orthopaedically disabled. Rehabilitation. Summer, 1957. 22:25-30.

Reviews the six large groups of locomotor affection from which orthopedic disability can arise, the current picture as contrasted with conditions in the past, and the organization of services necessary for the treatment and prevention of orthopedic disability. Immediate aims and objectives in the rehabilitation of orthopedic disability are outlined.

See also 1201; 1209.

#### REHABILITATION--CANADA

1213. Canadian Public Health Association (150 College St., Toronto 5, Canada)

Rehabilitation programs in Canada; a panel discussion. Moderator, G. Wilfred Crandlemire. Canad. J. Public Health. Feb., 1957. 48:2:58-64. Reprint.

Contents: Progress of rehabilitation in Canada, Ian Campbell. -Problems in rehabilitation, Frank G. Wellard. -The role of the public health nurse in a rehabilitation program, Christine MacArthur. -The viewpoint of industry, Sarah A. Wallace.

#### REHABILITATION--GREAT BRITAIN

See 1225.

#### REHABILITATION--BIBLIOGRAPHY

1214. National Society for Crippled Children and Adults. Library. (11 S. LaSalle St., Chicago 3, Ill.)

Sources of information about the handicapped; a guide to nontechnical publications. Crippled Child. Aug., 1957. 35:2:22-23, 25-26.

An explanation of the information services provided by the National Society for Crippled Children and Adults through its Library Service and of other sources from which informational literature relating to the handicapped may be obtained. Listed are a number of voluntary health and welfare agencies, their addresses and names of their publications; publications of interest to the lay reader; names of state and federal health and welfare agencies; agencies publishing literature on child care; and, in conclusion, a brief list of books and pamphlets considered typical of the publications referred to in this article. Cost of publications and addresses of the publishers have been included.

#### REHABILITATION--PERSONNEL

See 1149.

#### REHABILITATION--PROGRAMS

1215. American Medical Association

Report of the Committee on Rehabilitation. J. Am. Med. Assn. Aug. 31, 1957. 164:18:2045.

The Committee, under the chairmanship of Dr. Frank H. Krusen, defined the current concept of rehabilitation services, the need for increased utilization of ancillary personnel in such services, and the role of the individual physician in the rehabilitation of his patients. Objectives of the A.M.A. Committee on Rehabilitation in the development of rehabilitation services are stated, as well as suggestions for various activities in which the Committee might engage in the process of carrying out this work.

1216. Lowenthal, Milton (1 E. 105th St., New York 29, N.Y.)

Experience in physical medicine and rehabilitation on a home care program. J. Chronic Diseases. Aug., 1957. 6:2:153-157.

A discussion of experiences in the area of physical medicine and rehabilitation during the five years the author was associated with the Home Care Program at Montefiore Hospital, New York City. Personnel of the service, selection of patients, types of cases treated, procedures for admission to the program, treatments provided, and follow-up procedures are described. Three case histories illustrate the rehabilitation potential in the home. The program has proved to be a practical way of reducing hospital stay and assuring proper adjustment to the community in selected cases. This type of service should, in the author's opinion, be a part of the over-all rehabilitation program available to handicapped patients.

#### REHABILITATION CENTERS

See 1210.

#### REHABILITATION CENTERS--PROGRAMS

1217. Whittico, James M. (916a N. Taylor St., St. Louis 8, Mo.)

Three-year pilot rehabilitation study in a general hospital, by James M. Whittico (and others). J. Am. Med. Assn. Aug. 19, 1957. 164:15:1633-1635.

A report of a brief follow-up of 86 patients studied and treated during the first two years of a pilot rehabilitation project at Homer G. Phillips Hospital, St. Louis, a city-supported general hospital for the care of indigents. A rehabilitation team consisting of a medical consultant and professionally trained social workers, using existing facilities of the hospital, were able to return to active employment a probable 50% of the 86 patients who seemed to be headed for federal-state relief under the category of total and permanent disability. The project has demonstrated the need to start rehabilitation services as early as possible if these patients are to be restored to full activity.

#### RH FACTOR

1218. Kelsall, G. A. (King Edward Memorial Hosp. for Women, Hensman Rd., Subiaco, Western Australia)

The evaluation of cord-blood hemoglobin, reticulocyte percentage and maternal antiglobulin titer in the prognosis of hemolytic disease of the newborn (erythroblastosis fetalis), by G. A. Kelsall (and others). Pediatrics. Aug., 1957. 20:2:221-233.

A report of a study of an unselected series of 218 consecutive pregnant women in whom Rh antibodies were detected by means of a standardized antiglobulin test. The prognostic significance of values for cord-blood hemoglobin, reticulocyte percentage and maternal antibody titer at term was evaluated. The authors believe that once the child is born, prognosis based on a combination of either maternal antibody titer with values for cord-blood hemoglobin or reticulocyte percentage is more accurate than one based on maternal antibody titer alone. Comparison of results with those published for a comparable American series, where prognostic significance of maternal antibody titer at term as determined by the plasma-albumin method was evaluated, suggests that the indirect antiglobulin technique for titrating the antibodies in the maternal serum is more sensitive and achieves a more clearcut separation between mild and severe cases.

1219. Perlstein, Meyer A. (4743 N. Drake Ave., Chicago 25, Ill.)

Some questions and answers on the meaning of the Rh factor. Crippled Child. Aug., 1957. 35:2:9-10.

A question-and-answer discussion of some of the prevalent doubts and misconceptions concerning the Rh factor, blood types, and their relation to crippling.

This article brings up to date the very popular article by Dr. Perlstein, on the same subject, which appeared in the October 1950 issue of The Crippled Child and which was widely distributed in reprint form.

#### SOCIAL WELFARE--PROGRAMS

1220. MacDonald, Myles (Dr. Cooper, 827 S. George St., York, Pa.)

Community health and welfare planning; role of the local medical society and its members, by Myles MacDonald and LeRoy G. Cooper. J. Am. Med. Assn. Aug. 24, 1947. 164:17:1886-1889.

In same issue: Suggested guides to relationships between medical societies

#### SOCIAL WELFARE--PROGRAMS (continued)

and voluntary health agencies; (report of) Committee on Relationships between Medicine and Allied Health Agencies (Am. Med. Assn.), p. 1933-1934.

Points out that organized medicine is losing status as the paramount health advisor to local communities and suggests ways in which the local medical society can participate more effectively in community health planning. The individual physician engaged in public service or concerned with policy-making in a voluntary agency should reflect the policies and decisions of his local medical society and be guided by it since every physician is considered by the lay public a representative of that society.

The Committee report on p. 1933 has been sent to state and county medical societies for comment; it discusses the classification and nature of various types of voluntary health agencies, criteria for voluntary agency evaluation, mutual obligations of the medical society and voluntary agency, and the role of physicians in relation to agencies.

#### SPECIAL EDUCATION--FRANCE

1221. Readaptation, July, 1957. No. 42. (10 rue de Séveres, Paris 7<sup>e</sup>, France) 200 francs a copy.

Title of issue: *Les problèmes scolaires soulevés par les enfants & adolescents handicapés physiques.*

The entire issue is devoted to articles on educational provisions for ill and handicapped children. Included is a special directory section that lists educational facilities in France for children with delicate health, tuberculosis, orthopedic handicaps, and those with auditory and visual handicaps.

#### SPECIAL EDUCATION--PROGRAMS

1222. Nickel, Kenneth N.

Better education for nonacademic pupils.... Minneapolis, N. Central Assn. of Colleges and Secondary Schools, 1957. 30 p.

Reprinted from: N. Central Assn. Quart. Apr., 1957. 31:4:352-384.

In this study conducted and reported by the Subcommittee on In-Service Education of Teachers in cooperation with an advisory graduate committee of the University of Colorado, practices of selected high schools in educating non-academic pupils (the educationally retarded, the slow learners, and the educable mentally retarded) were investigated to ascertain the value of such practices in the opinions of the responding schools and of authorities in this area of education. Methods of identifying non-academic pupils, of adapting the curriculum to the needs of these pupils, of administration for improving educational programs, of teaching, and of in-service training were considered. Important findings of previous studies in this area are summarized. Includes a selected bibliography, briefly annotated.

Copies of this reprint may be obtained from R. Nelson Snider, Treasurer, North Central Assn., North Side High School, Ft. Wayne, Ind., at 25¢ a single copy. 15¢ in quantities of 10 or more.

## ULTRASONICS

1223. Schwartz, Ferdinand F. (916 S. 20th St., Birmingham 5, Ala.)

Ultrasonics in medicine. Brit. J. Phys. Med. Aug., 1957. 20:8:179-181.

In same issue: Localized application of ultrasonic energy, by Frank S. Zach (and others), p. 175-179.

A review of the current status of ultrasonic therapy, with results reported from the experience of the author and of others appearing in the literature. Discussed are: usefulness of the therapy in the treatment of certain neuromuscular and musculoskeletal diseases, dosage and duration (which are not as yet established), mode of action of ultrasonic energy, and contraindications to the use of ultrasonic therapy.

The article by Dr. Frank S. Sach (and others) describes large-area ultrasound applications by stationary techniques employing physiological intensity levels. The method is recommended as of primary importance in treating paravertebral areas.

## U. S. CHILDREN'S BUREAU--REPORTS

1224. U. S. Children's Bureau

Cost of services to crippled children; a study of nine state programs, by Lillian R. Freedman. Washington, D.C., The Bureau, 1957. 27 p. charts, tabs. (Children's Bur. statistical ser. no. 43)

A report of a pilot study carried out with the cooperation of 9 states receiving grants for services to crippled children under the Social Security Act. Data cover direct expenditures for the care of individual children, classified by diagnosis and by type and volume of service. In addition, six of the participating states provided supplementary data on expenditures for direct services not related explicitly to the individual child receiving services, expenditures for indirect services, and other costs involved in operating the Crippled Children's program. States represented were widely distributed geographically and among them each type of administering agency is represented, with the exception of a welfare department. Statistics are included on the general distribution of costs, hospital care, convalescent home care, clinic services, and appliances.

Available from U. S. Children's Bureau, Washington 25, D.C.

## VETERANS (DISABLED) --GREAT BRITAIN

1225. Hepple, R. A.

Rehabilitation services of the Joint Committee of the Order of St. John and the British Red Cross Society. Rehabilitation. Summer, 1957. 22:6:10.

Describes four Joint Committee Centres where rehabilitation services are being provided for seriously disabled ex-service men in Great Britain. Included are a tuberculosis colony, a centre for head injuries, and two for paraplegics. A variety of services are provided by St. John and Red Cross personnel on an individual basis to disability pensioners; the work is organized on a county basis throughout England, Wales, the Channel Islands, Northern Ireland and Eire. The Scottish Branch of the British Red Cross has organized an independent program.

#### VOCATIONAL GUIDANCE

1226. Delp, Harold A. (The Training School, Vineland, N.J.)

Criteria for vocational training of the mentally retarded; a revised concept of the necessary mental level. Training School Bul. Aug., 1957. 54:2:14-20.

Subjective and objective data on approximately 200 students at The Training School on the relationships of mental level and its components to various vocational training areas were analyzed. Results tend to emphasize the necessity of considering the many facets of personality in vocational training and placement other than that of "minimum mental level" of a job. Implications of this observation are discussed.

#### VOLUNTARY HEALTH AGENCIES

See 1220; 1233.

#### VOLUNTEER WORKERS

See 1204.

#### WALKING

1227. Davies, Elizabeth J. (Letterman Army Hospital, San Francisco, Calif.)

Modification of hemiplegic gait; case report. Phys. Therapy Rev. Aug., 1957. 37:8:521-522.

The ambulation program for a 19-year-old hemiplegic patient is presented to show the effect of some neurophysiological technics used in an attempt to reeducate the patient's gait. Various methods of stimulation through the sensory system did have a definite effect. Overactivity of the peroneal muscle group was controlled temporarily and for varying lengths of time, although never eliminated completely.

See also 1161.

#### New Books Reviewed

#### CEREBRAL PALSY--INSTITUTIONS--GREAT BRITAIN

1228. Saunders, Joan, ed.

Spastics in Cheyne Walk; an account of the Centre for Spastic Children, Cheyne Walk, Chelsea, edited and compiled by Joan Saunders and Marjorie Napier. London, Pitman Medical Publ. Co., 1957. 156 p. illus., floor plan (end papers).

A description of the founding of a children's hospital and day centre for cerebral palsied children, the joint effort of the National Health Service and voluntary workers. Also covered are the physical lay-out of the Centre, the daily routine and services available, the nature of cerebral palsy, and how it affects, particularly, the infant. Part III of the book contains staff reports of the social worker, clinical psychologist, physical therapist, speech and occupational therapists, school teachers, house mother, the secretary and her assistant, and the physician. Methods employed in treating cerebral palsy and the problems encountered are discussed in detail. Appendixes contain information on cerebral palsy schools and teaching units in the

#### CEREBRAL PALSY--INSTITUTIONS--GREAT BRITAIN (continued)

United Kingdom, facilities in London, and the objectives of the voluntary agency interested in the Centre.

Published by Pitman Medical Publishing Co., Ltd., 45 New Oxford St., London W.C. 1, England, at 20s (approx. \$3.60) a copy; profits to go to the Friends of the Centre for Spastic Children, Cheyne Walk, Chelsea.

#### CHRONIC DISEASE--PREVENTION

##### 1229. Commission on Chronic Illness

Chronic illness in the United States: Vol. I, Prevention of chronic illness. Cambridge, Mass., Harvard Univ. Pr., c1957. 338 p. tabs.

Purpose of the four-volume series published by the Commonwealth Fund is to present the views and recommendations of the Commission on Chronic Illness on the prevention of chronic illness and programs for the care and rehabilitation of the chronically ill. Volume I offers a series of 21 conclusions, and recommendations stemming from them, on the role and objectives of prevention adopted by the Commission in February, 1956. Discussed are the promotion of good health, prevention of the occurrence of the disease, early detection of disease through periodic health examinations or screening tests, personnel, education, and community planning. Part II presents a series of summaries on the status of preventive measures for the majority of the major chronic diseases and impairments. The appendix contains an authoritative account of the origins and history of the Commission on Chronic Illness. Volume II of the series titled "Care of the long-term patient," has been published previously (see Rehabilitation Literature, Apr., 1957, #551)

Available from Harvard University Press, Cambridge, Mass., at \$6.00 a copy.

#### CHRONIC DISEASE--PROGRAMS

##### 1230. Highland View Cuyahoga County Hospital, Cleveland (Harvard Rd., Cleveland 22, Ohio)

Home evaluations; Mieczyslaw Peszczynski and Beth H. Fowler, editors. Cleveland, The Hospital, 1957. various paging. illus. Mimeo. Looseleaf.

Staff members of Highland View Cuyahoga County Hospital have developed from their experiences in the Department of Physical Medicine and Rehabilitation this mimeographed edition which will be revised and published later in book form. It describes ways and means of assisting the family in adapting the home physically and the atmosphere psychologically to the disabled person's needs. While not a guide to home treatment so far as therapies are concerned, it does give basic management instructions and methods of presenting them to the family and the patient. Disabilities discussed are those most commonly found to need rehabilitation services. Primary aim of treatment was to teach patients to be as independent at home as possible. Some basic nursing routines for use with severely disabled and partially dependent patients are included. Chapters deal with specific problems of the hemiplegic, paraplegic, the lower extremity amputee, the quadriplegic, severely disabled arthritics, patients with multiple disabilities, with fractured hip, and the cerebral palsied. Others cover such areas as incontinence, vocational considerations, architectural planning for wheelchair living, equipment and home adaptations, and descriptions of aspects of the home evaluation program at Highland View Hospital.

#### MENTAL DEFECTIVES--SPECIAL EDUCATION--GREAT BRITAIN

1231. Cleugh, M. F.

The slow learner; some educational principles and policies. New York, Philosophical Library, 1957. 186 p. figs.

The author who has been in charge of the Diploma course for teachers of sub-normal children at the University of London Institute of Education since 1950 has enjoyed unusual opportunities, in her contacts with experienced teachers in Great Britain and from abroad, to learn of the many problems and solutions for the education of backward children. In this book she has limited her discussion to the principles and policies of organization of special education, both as practiced in special schools and regular schools. Methods employed in English schools and in the training of special education teachers are reflected throughout the discussion.

Published in the U.S. by Philosophical Library, 15 E. 40th St., New York, N.Y., at \$3.75 a copy.

#### NURSERY SCHOOLS

1232. Gardner, D. E. M.

The education of young children. New York, Philosophical Library, 1957. 118 p.

The psychological needs and characteristics of young children are considered in regard to nursery school procedures and the training of teachers in this field of education. Mainly the book deals with the feelings of young children, play activities, mental health aspects of preschool children, parents and their children's problems, effective methods of nursery school teaching, and the value of and need for nursery schools. Since the language of the book is simple and non-technical, parents as well as teachers will find much of value to help in the understanding of the child and his needs.

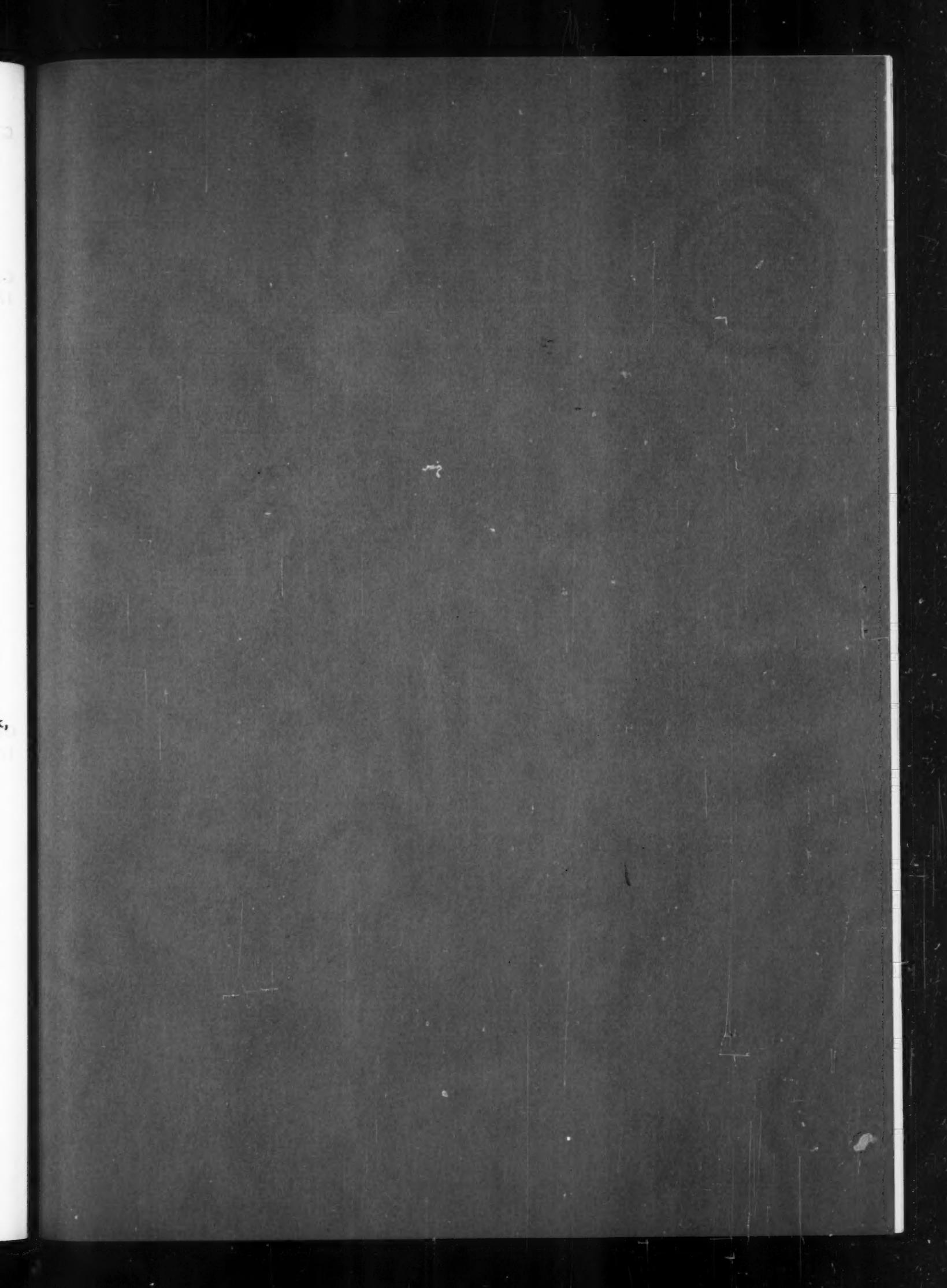
Published in the U.S. by Philosophical Library, 15 E. 40th St., New York, N.Y., at \$2.75 a copy.

#### VOLUNTARY HEALTH AGENCIES

1233. United Community Funds and Councils of America

Some aspects of the national health situation, by Bleeker Marquette. Sept., 1956. (Revised June, 1957). Report prepared for.... (New York, The Funds and Councils, 1957). 59 p. tabs. Mimeo.

This administrative report is based upon personal interviews with 18 national voluntary health agencies, conferences with 17 authorities in health and in research, and with 14 government officials. Pertinent published literature was also reviewed. The roles of voluntary and official agencies in services and research are reported and recommendations are made. It is proposed that a commission of competent leaders is needed to make a continuing study of health services, facilities, and needs and to engage in coordinated, long range planning. It is suggested also that national voluntary health agencies explore methods by which their operations may take cognizance of the total health picture in order to increase their effectiveness in promoting the people's health.





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